

Suspect Invasive Species Sighting Report

You may not be able to provide all of the information requested below, but please fill in as much as you can.

General type of organism (plant,	shellfish, snake, etc) ar	nd its name if known	Date of Sighting
Description of organism (size, co	olor, shape and other dis	stinguishing characteris	tics)
	-		
The county in California where the	he sighting took place		
Directions to the location of the s	sighting		
			1 1 1 0
If any photographs were to	ken, please includ	e them when you su	ibmit this form.
Landowner or Land Manager (if	known)		
	,		
First and Last name of person wh	io sighted the suspect in	nvasive species	
Best phone number to reach this	person (include area co	ode):	
<u>r</u>	r		
Best time to reach this person:			
Day: 8am-noon	Noon-5pm	Eve: 5pm – 9)pm
E-Mail address:			
Mailing Address:			
Mailing Address:			

When completed, please mail this form and any pictures and/or samples to:

Invasive Species Program
Habitat Conservation Branch
Department of Fish and Game
1416 Ninth Street, 12th Floor
Sacramento, CA 95814